



COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE

NO 12-2.11 Revised ISSUE 7/97  
PAGE 1 OF 4  
BY L. Vasquez EFFECTIVE July 1994

DEPARTMENT **BEHAVIORAL HEALTH**  
SUBJECT **THREATS OF ASSAULT BY CLIENTS ON  
DEPARTMENT OF BEHAVIORAL HEALTH STAFF**

APPROVED

*James McReynolds*  
James McReynolds, Director

## I. PURPOSE

This policy relates to threats of assault made to a staff member by a client, client's relative, or client's significant other. The threat may be made in person, in writing or by phone. The threat may be against a single individual or a group (i.e., a service team or the entire program/clinic.)

## II. CONSIDERATIONS

When a threat is made, there are four primary considerations to be attended to:

1. Does the mental condition of the client, client's relative or client's significant other warrant the threat be considered serious?
2. Can the intended victim(s) be warned?
3. Are there others, in addition to the intended victim(s), who are directly or indirectly endangered by the threat?
4. What steps can be taken to safeguard the welfare of others, the client, the client's relative or client's significant other?

## III. POLICIES

- A. In order to determine the seriousness of the threat, it is important that the client, client's relative or client's significant other be assessed by the client's service provider of record. Should the service provider not be available or should the client not have a service provider, the task of assessment will be the responsibility of the clinic supervisor or one of the clinical therapist II's. Consultation with the physician is paramount.

In communication with the client, client's relative or client's significant other, every attempt will be made to defuse the threat.

If repeated contacts are necessary with the client, client's relative or client's significant other, the person assigned to address the problem will continue dealing with the client, client's relative or client's significant other, when possible, in order to defuse and resolve the threat.

When the assessment is completed, the interviewing person must pass on all relevant information to the clinic supervisor or designee so that security procedures can be initiated as needed.

- B. If it is determined by the interviewing person that a significant threat exists, the interviewing person must warn the intended victim(s) by means of a Tarasoff letter and verbal communication as soon as possible. (See Standard Practice Manual, 12-1.10.)

It is also the interviewing person's duty to inform local law enforcement agencies simultaneously. This can be accomplished by dialing 911.

(If the interviewing person and the intended victim are the same person, the Tarasoff letter is still issued with a copy going in the client's chart.)

- C. The clinic supervisor or designee is responsible to implement security precautions. For the purpose of this section, we are concerned with physical security needs.

The clinic supervisor or designee must consider who is at danger. Conceivably this may be the intended victim(s) alone (as in the case where the client, client's relative or client's significant other states he or she is going to the staff member's home to make an attack). More commonly, however, it may be determined that others at the program/clinic, in addition to the specified victim, are also endangered (as when the client, client's relative or client's significant other states he or she is coming to the program/clinic to make the attack).

Other potential victims could include other staff members, school children, and school personnel, other clients in the program/clinic reception area, offices, or people in nearby buildings.

As to who is in danger, the clinic supervisor or designee should err on the side of caution, notifying all persons who might be in danger. It is important that all persons who might be in danger be notified in a calming manner.

The clinic supervisor or designee will notify administration immediately of the emergency in accordance with procedures outlined in the Standard Practice Manual, 2-7.1.

Steps that may be taken by the clinic supervisor or designee to increase security include:

1. Lock all outside doors. This permits individuals to leave the building but does not allow individuals to enter the building at will. You may want to lock the main entry and station someone at the door to screen those wishing to enter.
2. Obtaining a security guard may be necessary in order to increase security. For Gilbert Street programs/clinics, CMC security unit can be notified. For outlying programs/clinics, DBH administration must be contacted for assistance.
3. Closing office blinds so that people inside are not visible from the outside.
4. Locking inner office doors, along with outside doors.
5. Maintaining close communication with the appropriate law enforcement agencies, keeping them informed and updated as to the condition of the client, client's relative or client's significant other, as well as to their whereabouts (if that can be determined.)
6. Tracing the calls, if the threats are coming by phone. Call 911 for instructions.
7. Clearing and closing the building, if that is deemed necessary.

- D. It is also the responsibility of the clinic supervisor or designee to take steps that can safeguard the psychological welfare of specified and unspecified victims.

Foremost among those is regular and updated communication. These will include briefings as to the status of the situation and will allow for input from staff in the form of suggestions for resolving the crisis.

The clinic supervisor or designee has the option to allow staff to stay on the job or give permission to take time off in order to protect the person(s).

- E. Finally, the clinic supervisor or designee and any other staff assigned to handle the threat will take whatever steps are possible to protect the welfare (psychological/physical) of the client, client's relative or client's significant other.

The goal of all communication is to defuse the threat and to help the client, client's relative or client's significant other get the help that is needed. We want to avoid having the client, client's relative or client's significant other be arrested if possible. However, individuals affected by the threat have the option of filing charges against those who have made the threat or have performed any act of violence.

On going assessment is paramount in determining to what extent the client, client's relative or client's significant other is behaving out of mental illness. If this is the case, the ultimate goal of communication with the client, client's relative or client's significant other is to offer services that will foster stabilization or consider hospitalization.

Communication with legal authorities must include information as to the client, client's relative or client's significant other, mental condition and suggestions for disposition (i.e., hospitalization).

If physical assault actually occurs, the goal in any act of self defense will be to restrain the client, client's relative or clients's significant other without causing any physical damage, if possible, and to avoid injury to self.

LV:smc(rev.7/1/97)  
12-2.11

**CROSS REFERENCE LISTING**  
**Threats of Assault on Staff Members**

7-1.21

Client in Possession of Firearms and Other Weapons